**UW Medicine COVID-19 Response**  
**FAQ: Return to care as an outpatient after a positive or inconclusive COVID-19 test**

**Purpose:** Provide patients with COVID-19 the best care possible while also ensuring the safety of other patients and healthcare providers.

**NOTE:** Care of ambulatory patients with active COVID-19 or who are in the recovery phase can be safely performed in specific outpatient facilities staffed with trained HCP and provided with appropriate PPE. Needed care should not be delayed due to a recent COVID-19 diagnosis.

**What does complete symptom resolution mean? What do we consider to be symptomatic?**

We consider someone symptomatic if there is any persistent:
- shortness of breath different than baseline or requiring supportive therapy (i.e. nebulizers)
- fever requiring antipyretics
- cough
- rhinorrhea, sore throat, congestion, myalgias, chills

Patients can have a prolonged post-viral cough, and because distinguishing a symptomatic cough from a post-viral cough is difficult and out of an abundance of caution, we consider an ongoing cough to be symptomatic. Ageusia or anosmia, on the other hand, may last for a long time and does not necessarily indicate persistent symptoms but rather sequelae of the disease.

**When can a patient return to usual activities and discontinue self-isolation after testing positive for COVID-19?**

**Persons with COVID-19 who have symptoms** and were directed to care for themselves at home may discontinue isolation under the following conditions:
- At least 3 days (72 hours) have passed *since recovery* defined as
  - Complete resolution of fever without the use of fever-reducing medications and
  - Complete resolution in respiratory symptoms (e.g., cough, shortness of breath); and
- At least 10 days have passed *since symptoms first appeared*.

Source: Adapted from CDC

If this return to work is less than 14 days from initial symptom onset, please advise the patient to mask until 14 days. We are not offering routine tests of cure. You may provide the patient with an approved COVID-19 letter from Epic outlining this.
When can a patient return to clinic or a healthcare setting after testing positive for COVID-19?

Patients who meet the above criteria can be seen in a healthcare setting. More information from the CDC here. Patients do not need a test of cure prior to being seen in clinic. The patient and provider will be masked given universal masking protocol. The COVID-19 Infection Prevention Bundle is paramount to keeping patients and employees safe. If the patient is being seen at a Respiratory Plus-type clinic while persistently symptomatic, they can return to their home clinic after meeting the above criteria.

When can a patient discontinue home isolation or return to healthcare settings after testing positive for COVID-19 if they have remained asymptomatic the entire time?

If the patient never developed symptoms, then they can discontinue home isolation or return to healthcare settings 10 days after their positive test.

When can a patient get an aerosol-generating procedure after testing positive for COVID-19?

1) Urgent/Emergent aerosol-generating procedure (AGP): proceed with procedure in airborne respirator/contact precautions (document 02)
2) Elective AGP:
   - Less than 6 weeks from initial COVID-19 diagnosis, obtain two negative COVID-19 test result within 72 hours of their AGP
   - More than 6 weeks from initial COVID-19 diagnosis, proceed with usual AGP planning work-up (document 01b)

When can a patient undergo a non-AGP after testing positive for COVID-19?

Other procedures do not require a negative COVID-19 test prior to doing so, i.e. no need for a test of cure. A patient can undergo a non-AGP 10 days from symptom onset or 72 hours after complete symptom resolution, whichever is longer. The patient and provider will be masked given universal masking protocol.

What if a patient needs to be seen in clinic prior to the above time frame elapsing or if the patient is still symptomatic?

If the patient must be seen prior to the above time has elapsed or if the patient is still symptomatic, consider referring the patient to a dedicated COVID-19 or respiratory clinic option (such as one of the options where patients can be seen if COVID-19 positive).

If the patient cannot be seen in a Respiratory Plus-type clinic (i.e. must be seen in a specialty clinic), arrange for the patient to meet a masked staff member at a designated entrance to the building that will provide the least public and fastest passage into the clinic. The patient should be given a procedure mask (if not already masked) and perform hand hygiene. The staff member will escort the patient directly to clinic and into a private room. The visit must be done
in droplet/contact precautions, unless an aerosol-generating procedure is to be done (see above). Following the visit, the patient should be escorted directly out of the building by a masked staff member. The room should be cleaned according to EVS protocols.

What if the patient is immunocompromised or pregnant?

If the patient is immunocompromised, please refer to the SCCA guidelines. If the patient is pregnant, please discuss with the OB clinic.

What if a patient who is COVID-19 positive or has respiratory symptoms needs phlebotomy?

If the patient needs phlebotomy and is either COVID-19 positive or has respiratory symptoms, call 206-520-8770 to schedule lab testing at the Northwest Hospital testing center or (206) 744-3900 to schedule lab testing at the HMC Respiratory Plus Clinic.

Is there any role for re-testing outpatients at any interval?

Prior Positive:
If the outpatient has a prior positive COVID-19 test, we do not routinely recommend a test of cure. Exceptions include patients in labor, patients who will be undergoing an AGP in the next 72 hours, and patients on immunosuppressants who need test of cure for the management of their medications. Some employers outside of the UW system may request a test of cure outside of these indications. This is not necessary per our policies. However, we want to prioritize patient well-being, and if that requires a repeat test to go back to work, then it may be necessary for the patient.

Prior Negative:
The false negative rate of UW Medicine’s RT-PCR for COVID-19 is low. However, in a patient who does not improve or who worsens without another explanation, it is reasonable to reconsider COVID-19 in the differential diagnosis. It is possible that a swab was performed too early in the clinical course, the viral load was too low in the nasopharyngeal tract, or the swab was not performed correctly.

Patients may need re-testing if 72 hours after the original test if:
- There are persistent symptoms without a reasonable alternative explanation OR
- There are new symptoms OR
- They will undergo an AGP or labor in the next 72 hours

Examples of patients in whom a re-test after 72 hours might be prioritized: patients who live in a congregate setting, concern for significant worsening of initial illness, and pregnancy.